

Campus Driver Renewal

(Print Clearly Please!)



A. The Driver named below is authorized to drive for my department

Department Head Name _____ Signature _____

Department Name _____ Dept # _____ Work Phone _____

B. Driver Details (as per drivers license)

First Name _____ Last Name _____

Country _____ Status ☐ Staff ☐ Student ☐ Mission Builder
(of driver's license)

Date of Birth ____ / ____ / ____ License Expires ____ / ____ / ____
mm dd yy mm dd yy ← Is this License on file with Transportation?
If not bring license into office for scanning.

Here at U of N Kona until ____ / ____ / ____
(Estimate if necessary) mm dd yy

C. Accidents or Tickets (last year)

If you have had any at-fault accidents or moving violations in the past year, please disclose the *dates* and *details*: _____

D. Compliance

If I qualify to be a Campus Driver: (check all that apply)

- ☐ I will comply with the U of N Kona Driver's Guidelines (which I have just re-read) and the driving laws of the State of Hawaii.
- ☐ I understand that failure to comply with these guidelines / laws could mean a termination of my U of N Kona driving privileges.
- ☐ I understand that all Campus Driver's licenses expire at 12/31 each year and that I will need to complete a "Campus Driver's Renewal Form" if I need to renew.
- ☐ I will immediately bring my new license to Campus Services when my country / state license expires.

____ / ____ / ____
mm dd yy